

JK

FILED

8/4/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

JUN 02 2016
6-2-16 JK

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Brandon Robinson

(AKA) Michael Roberson

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Tom Dart

Seargent Duraan

Officer Graczyk

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

1:16-cv-5838

Judge John W. Darrah

Magistrate Judge Young B. Kim
PC11

I. Plaintiff(s):

- A. Name: Brandon Robinson
- B. List all aliases: Michael Roberson
- C. Prisoner identification number: 2013 1204330
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002 Chicago, Ill. 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Seargent Duran
Title: Div 10 Supervisor
Place of Employment: Cook County Jail
- B. Defendant: Officer Graczyk
Title: Tier officer Div. 10
Place of Employment: Cook County Jail
- C. Defendant: Tom Dart
Title: Sheriff
Place of Employment: County of Cook

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On or about March 25th, 2016, at approximately 10:AM, I was physically and viciously assaulted by another detainee. I was housed in Div. 10 - 3C on March 23rd, 2016 and I went to court. While in court I passed out and I awoke at approximately 15 hrs later at Mount Sinai Hospital. When I was cleared to return to Cook County Jail, I was informed when I returned that I had been taken off the CCDOC man count and all my property was packed and I was informed that I would be housed in Div. 10 - 4C. Upon hearing this, I immediately informed Sgt. Duran that it would not behave him to send me to 4C because I had a dispute with another detainee that was also housed on 4C. I informed him it would be unwise and unsafe to put me on 4C because of the dispute with this detainee. Sgt. Duran then said to me, and I quote, "You will have to stay in 4C overnight

and first thing in the morning, you would be moved. I then told him that he would not be here in the morning, and there was no guarantee that I would be moved as promised. He totally ignored me and put me on 4C anyway.

In the morning, I went to receive my morning medication at the dispensary, when I returned to the deck I was approached by this detainee that I had the dispute with. He began to make verbal threats against me. I tried to walk away but he blocked my path. He then struck me multiple times about the head with some form of weapon. Officer Graczyk did nothing to stop this attack. I attempted to defend myself but was unsuccessful. As a result of this attack, I was rushed by ambulance to Stroger Hospital, because I received multiple bruises about the face and head. I was given a cat-scan for fear of brain swelling. I now have constant headaches that last a day or so and I am constantly complaining of dizzy spells.

My claim is this, had Sgt. Duran

took heed to my complaint about having a dispute with this detainee, this attack would have never taken place. Because of his "deliberate indifference" and ignoring my pleas I sustained severe bruises and ~~and~~ constant pain as of this day. Had officer Graczyk acted ~~more~~ reasonably fasted and stopped this attack before it happened this might not have happened. I never should have been put in the position to be attacked in the first place. He lied to me about moving me and he never entered our discussion into the tier log book as required. Clearly "Failure to Protect".

I filed a grievance concerning this situation and was answered by the OPR (Office of Professional Review) see attached. I have not recieved a response of the grievance I filed to this date.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

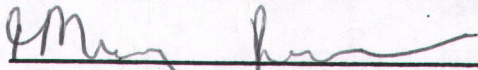
I request that the people involved be held accountable for their "deliberate indifference" and that the court awards me compensatory and punitive damages in the amount of \$500,000.00. I also request pain and suffering damages in the amount of \$1,000,000.00 and any other compensation this honorable court deems fit.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 26th day of May, 2016


(Signature of plaintiff or plaintiffs)

Brandon Robinson aka Michael Roberson
(Print name)

20131204330
(I.D. Number)

Cook County Jail

P.O. Box 089002 Chicago, IL 60608
Div 8-RTU / 3H
(Address)



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

CONTROL #

INMATE ID #

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Roberson

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del detenido)

20131204330

DIVISION (División):

8 RTU

LIVING UNIT (Unidad):

3H

DATE (Fecha):

4-1-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

3-25-16

TIME OF INCIDENT (Hora Del Incidente)

on or about 10:00 am.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

DIV: 10 - 4C

Upon returning from the hospital ~~to~~ I was taken to the deck that I was housed in (Div. 10-3C) to get my property. The Officer, ~~that~~, that was working that day told me that I was being moved to 4C. I explained that I had even seen that deck and even spoke with a sergeant about (sergeant Duran), but they moved me anyways. In the morning when I was on 4C, I was out of my cell for about 10 minutes and I was attacked by another inmate and fell to the floor after being struck.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I am requesting that the sergeant and officer from that day be reprimanded and that the footage from this incident be preserved for the purpose of any further litigation for the fact that Sergeant Duran knew from direct testimony from me and other inmates that I would be attacked on 4C (failure to protect)

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

X Michael Roberson

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

GAIL STINE

SIGNATURE:

CRW [Signature]

DATE CRW/PLATOON COUNSELOR RECIEVED:

4-4-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

Inmate Grievance Number: **20162899**

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

You may follow-up with the Office of Professional Review by contacting their office directly *or* submitting an inmate request form, to speak with the Divisional Superintendent.

Office of Professional Review
3026 S. California Ave
Building 4 / 4th floor
Chicago, Illinois 60608

INMATE COPY